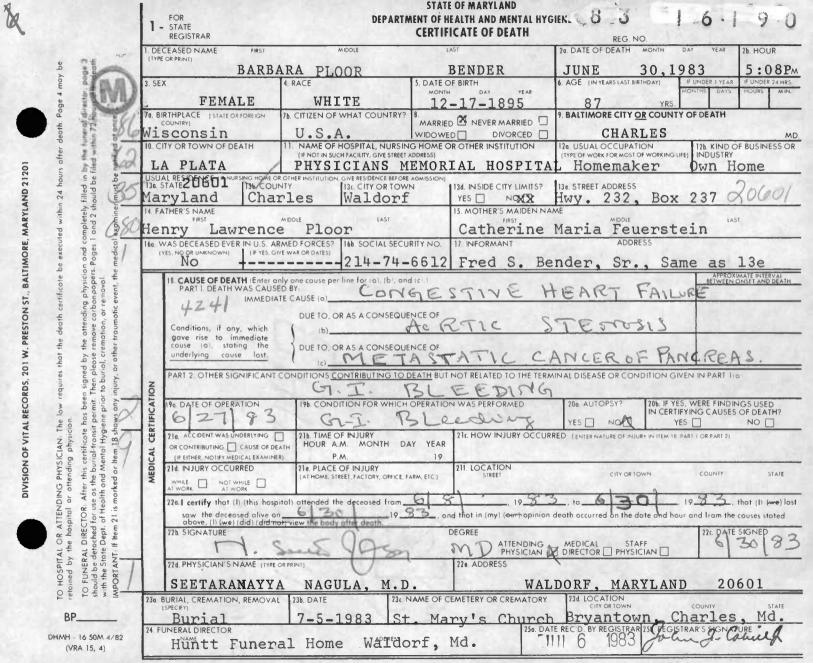
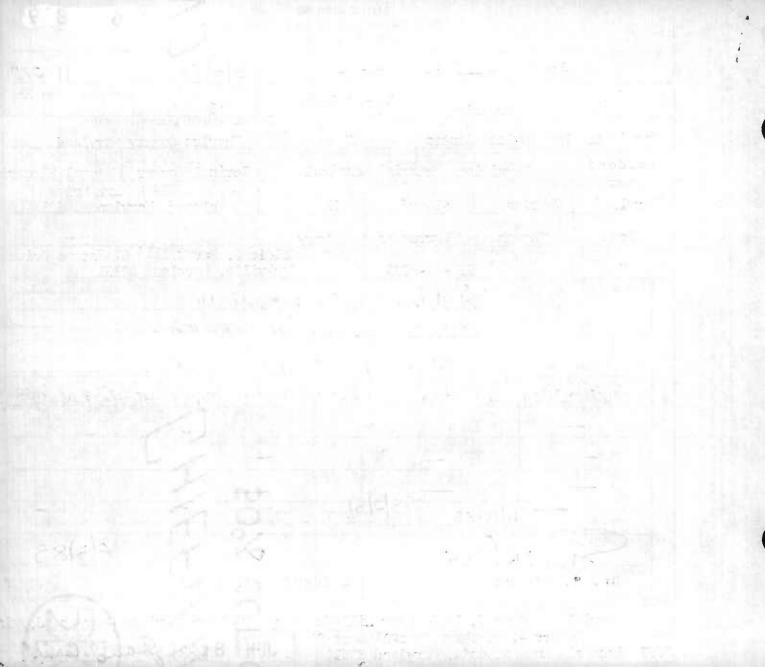
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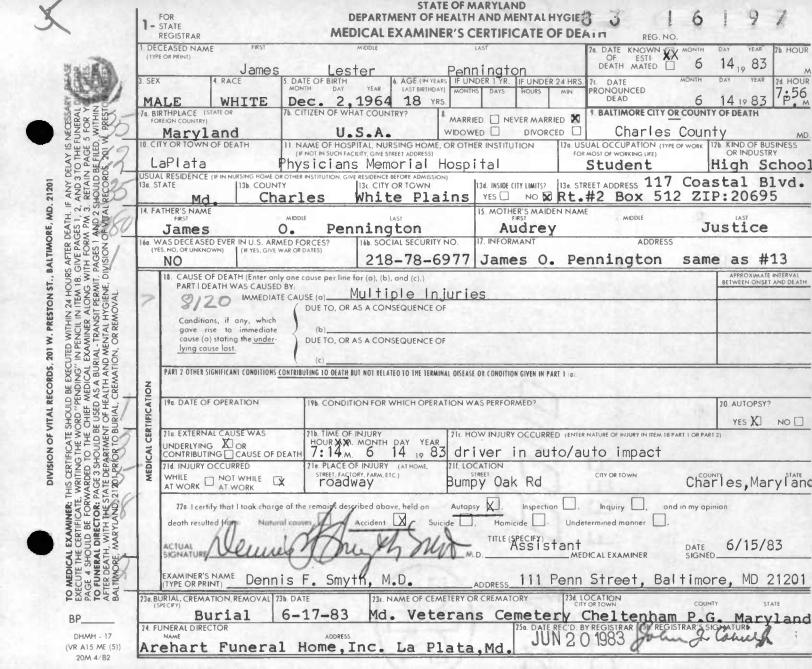


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3.00	14. FA	THER'S NAME		MIDDLE	LAS		15. MOTHER	S MAIDEN NA	AME	4.6	1457	
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-		AS DECEASED EVE	DINILIS ADA	A CORCESS	STE	ewart L SECURITY NO.	17. INFORM	th		ADDRESS/1	Thomas	
8 /	(YI	S, NO, OR UNKNOWN)	(IF YES, GIVE W				186		Rt.3 B	0x 54		
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AL EXAMINER A BURIAL - TRANSIT AND MENTAL HY ATION, OR REMC		gove rise to		(b)	W							
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Ž Ž		lying cause los	<u>1.</u>	(0)								
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00	E	210 EXTERNAL CAL	USE WAS	21b. TIME OF		21c. 1	HOW INJURY C	OCCURRED IEN	ITER NATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2)	
OI PRIOR TO BURIAL, CREMA	1	UNDERLYING X	OR		MONTH D	AY YEAR						
Ö	ŷ	CONTRIBUTING				′19/83 pe	<u>destria</u>	an stage	gered in	to car		
5	MEDIC	21d. INJURY OCCU	TWUIE -	STREET, FACT	OF INJURY {	ATHOME, ZII. LO	STREET		CITY OR TOWN		COUNTY	STATE
	-	WHILE NO	WORK X	hic	ory, FARM, ETC.)	Rt	. 231 f	ront of	Toyes :	Inn, Huc	ghesville,	Charle
0				and the same of the same of the				Inspection X		7	Co	o., Md
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MARYLAN		death resulted	19 Noture	of cours 4.	ccident X	Suicide L	J, Homicio	de 🔲 - Un	determined monn	ier,		
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		SIGNATUR U	Ulli	W 1/1	nu X	N /VIN			MEDICAL EXAMIN	IED I	DATE SIGNED 6/20	0/83
BALTIMORE, M		SIGNATUR	·······		7	1	n.b. 71331	V V V	NEDICAL EXAMIN	ier :	SIGNED VILL	7.00
E		EXAMINER'S NAM	E Do	nnic E	mulch	M D		111 Day	on C+	2-1+-	Md 2120	1
1		(TYPE OR PRINT)	νe	nnis F. S			_ADDRESS			odićo.	Md. 2120	
B		URIAL, CREMATION,	REMOVAL 23	b DATE	23c. NA/	ME OF CEMETERY	OR CREMATO	RY 23d	LOCATION CITY OR TOWN		COUNTY	STATE
	1.	Burial	6	-24-83	St.	Marys	Cath		Bryanto	wn	Chas.	Md
	24. F	JNERAL DIRECTOR					2:	So. DATE REC'D	. BY REGISTRAR		AR'S SIGNATURE	
	,	NAME	1 d am =	ADDRESS	ROO MA	aryland	20608	JUN 2	9 1983	John	I Caniel	A
5))		Martell	ACRUIS	, Aqua	SCO M	атутапи	20000	3011 8	0 1000		-0	•
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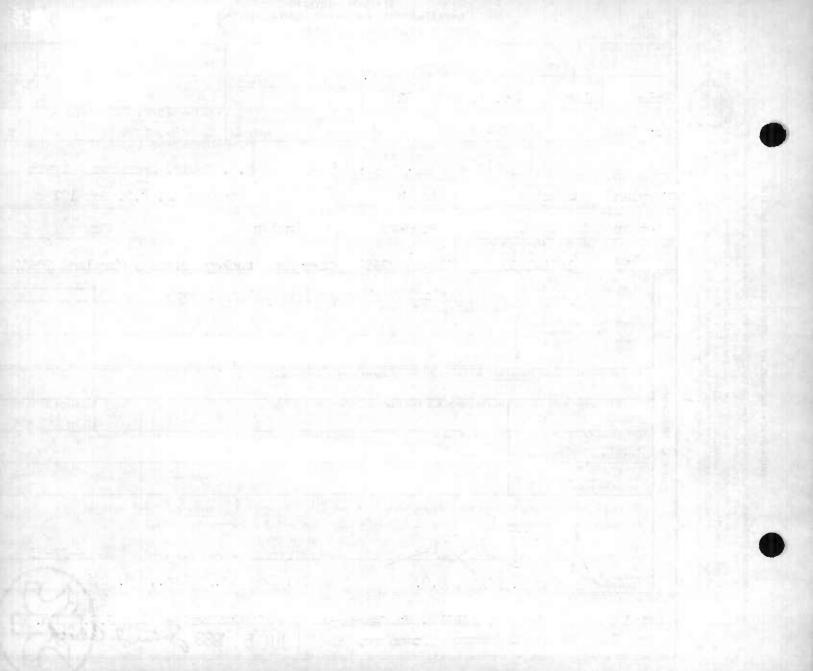
STATE OF MARYLAND

A.D. Chaffren Topograph direct assist Charles Mandanielstraille z st 3. Hox 165, 20659 AE NOW SOUTH COMMENTS ..... A COMMENT Appens of acuthal server over associations are on on. .aus teamage in data true ... 1-19-3 Inter Breat Roses , Aganasa Karwisand 2000 JUNES of Care Classes

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. DE	CEASED NAME	FIRST		MIDDLE			LAST		2a. [	ATE KNOW		H DAY	YEAR	2b. HOUR
{TYP	E OR PRINT)	Gary		W		Sto	wers		D	OF ESTI-		14 1	83	AA.
. SEX	(	I. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA	IF UN	DER T YR.	IF UNDER		DATE	MONTH		YEAR	71 H2WR
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FO	RTHPLACE (ST.	ATE OR	76 CITIZEN OF W	HAT COUN	ITRY?	8. MARRI	ED NEV	ER MARRI	ED 🕱 9. B	ALTIMORE CI	TY OR COU	NTY OF DE	ATH	
	rginia		U.S.A.			WIDOW		DIVORC	ED 🗆	Charle	s Coun	ty		MD.
La	aPlata	-1-6	II. NAME OF HOS	ans M	emoria	l Hos	spital	ION	FOR MOST	OCCUPATION OF WORKING LIFE .nter	(TYPE OF WORK	Pair	NDUSTR	Y
3a. S		NJb. COUNT	ROTHER INSTITUTION, GI	13c. CITY	OR TOWN	DN)	13d INSIDE CIT	TY LIMITS?	13. STREET	DDRESS Livin	gston	Rd.	2060	7
4. FA	THER'S NAME FIRST		MIDDLE H.	Sto	LAST Wers		15. MOTHE			MIDDLE		Hostê	tte	r
{YI		EVER IN U.S. ARM	AED FORCES?		02–595		17. INFORM	ANT	Stowers	4500° Hyatts	Decatu ville,	r St. Mary	rland	i
	TR CAUSE OF	DEATH (Enter anl	y ane cause per line	for (a), (b	), ond (c).)					Mariana		APPR SETWE	OXIMATE EN ONSET	INTERVAL AND DEATH
	017	_	E CAUSE (a)		ple In		es							
7	Condition	s, if ony, which	DUE TO, OR	AS A CON	SEQUENCE (	OF.								
	gove rise	e to immediate	(b)											
	lying cous	stoting the <u>under-</u> e lost.	DUE TO, OR	AS A CON	NSEQUENCE (	)F								
	PART 2 OTHER CIG	NIFICANT CONDITIONS C	(c)ONTRIBUTING TO DEATH	BUT NOT DEL	TEO TO THE TERM	DIAL BIFFACE	OR COMPLETION	Clufw In Bal						
N	I WALL OTHER SIG	WILLIAM COUNTION)	NIAJU UI UNIIUGIAINO.	DUI NUI KELI	CIEU IU INC IERM	MAL DISTASE	OK LUNDIIIUN	GIVEN IN PA	KI I (Q).					
MEDICAL CERTIFICATION	19a DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPER	ATION W	AS PERFORA	MED?				20. AU	TOPSY?	
TIFIC	CI Too	1										YE	s X	NO 🗆
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	22a   certif	y that I taok charge	e of the remains/de	cryfed obo	ove, held an	Autop	sy 💭.	Inspection	n . Ir	quiry .	ond in my	opinion		
	death resulte	trom: Noture	al couses	Accident	IX C SU	cide	, Hamici	ide .	Undetermin	ned manner [	],			
	ACTUAL A	0	1 Off	1	1. W	0	LITLE (SP	PECIFY)						
	SIGNATURE	Mull	ud N)	my	VIII	14) M	D		MEDICAL	EXAMINER	DATI			
	EXAMINER'S I	NAME		0	178		ADDRESS							
3a.8	URIAL, CREMAT	ION, REMOVAL 2			NAME OF CEA				23d. LOCAT	WN	cc	UNIY	STA	TE.
	Burial		5/18/83		ue Rid					noke	Roanol		irgi	nia
	NAME				on Hill Oxon H	Rd.		PATE	12 0 19	83	REGISTRAR'S	CLL.	111	
GE	eorge P	Kalas F	uneral H	ome	OZOII II.	-449	1100	.001	444	00 0	-0			•

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	D		REGISTRAR			MED		EXAMIN	ER'S	CERTIFI	CATEC	F DEA	TH	REG.	NO.			Sit.
			CEASED NAME	FIRST			WIDGLE	1330	300	LAST			2a. DATE K	NOWN ESTI-	MONT	H GAY	YEAR	2b. HOUR
	교육자 교			GUERD	OON	F	HAROL	D		STUCK	FY		DEATH	MATED	0 6	29	19 8	3
	96238	3. SE>	4	RACE		OF BIRTH	VEAD	6 AGE (IN YE	ARS IF U	NDER 1 YR.	IF UNDER		2c. DATE		MONTH	H DAY	YEAR	3 HOW
	( )	Ma	le !	Black		. 1,	1930	52 y	RS. MONT	HS DAYS	HOURS	MIN.	PRONOUNG	CED	6	29	19 8	
	る後世間	7a. B1	RTHPLACE (STA	TE OR		EN OF WH			R				9. BALTIMO	ORE CIT	Y OR COU	NTY OF E		- D N
-	品語の言葉	Ma	ryland		US	SA			WIDOV	4 8	VER MARR		Char	lac	Count			
	ZES S		TY OR TOWN O	FDEATH			PITAL, NU	RSING HOM					JAL OCCUPA				ND OF B	USINESS
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	B5 748 -			FIN NURSING HOME (	OR OTHER INS	siciar	F RESIDENCE	m. HOS					Fqui	_	_		riva	te
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	ANTESSA STANSON	13a. S	ryland	Charl	VITY		13c. CITY	or town	0.1.7	13d INSIDE	ITY LIMITS?	13e STR	EET ADDRES	SS DA	20640	Pov.	127	
0.3	# 4 # # B		ATHER'S NAME	CIRCLE			FIS	gari			ER'S MAIDE			nu.	F.O.	DOX	121	
\$	F-808)	T	uther		H.		C+	uckey		IS. MOIN	inelda	MAME	MIC	DOLE		Cox	LAST	
OR	BB ₹ ₹ 6 0 -	-		EVER IN U.S. AR		2500		CIAL SECURIT	V NO	17. INFOR		1		ADDRE	e c	COX		
MIT.	IRS AFTER S. GIVE PA WITH FOR DIVISION	(Y	ES, NO OR UNKNOW	N) (IF YES, GIVE	WAR OR DATE	ES)												
BAL	A PER SI			11951-				28-276	5	Mary	Ann S	Stuck	rey P	isga	h, Ma			
, T	J W		18 CAUSE OF PART I DEA	DEATH (Enter on TH WAS CAUSE	D DV											BETV	PROXIMAT	TE INTERVAL ET AND DEATH
NO	IN 24 HO IN ITEM I STI PERM HYGIENE MOVAL		42	12 IMMEDIA	TE CAUSE			sclero		cardio	ovascu	lar	diseas	se				
EST	NA STAN	1	- Par	7 111		JE TO, OR A	AS A CON	ISEQUENCE	OF									
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20	XECUTED WITHIN  JG. IN PENCIL IN  ZAL EXAMINER  BURIAL - TRANSIT  AND MENTAL HY  VATION, OR REMO					(c)												
SOS	A A B B S G S G S G S G S G S G S G S G S G		PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTIN	G TO GEATH 8	UT NOT RELA	TEO TO THE TERA	INAL DISEAS	E OR CONDITIO	N GIVEN IN PA	RT 1 (a).						
8	ULD BE EXECUTED WITHIN 24 ""PENDING" IN PENCIL IN ITES FOR MEDICAL EXAMINER ALONED AS A BURIAL "TRAN SIT FE HEALTH AND MENTAL HYGIB HYGIB ALONED ALONED AND CREMOVAL CREMATION, OR REMOVAL	CERTIFICATION																
E	THIS CERTIFICATE SHOULD E WRITING THE WORD "PEN WARDED TO THE CHIEF ME PAGE 3 SHOULD BE USED AS TATE DEPARIMENT OF HEAL 21201 PRICK TO BURIAL, CR	¥	19a DATE OF C	PERATION	19	b. CONDITI	ON FOR	WHICH OPER	ATION W	AS PERFOR	RMED?					20 A	AUTOPSY	(?
¥	SHOULD ORD "PE CHIEF A FE USED / TOF HE/	Ĕ															YES	NOX
7	CERTIFICATE S RITING THE WC RDED TO THE G E 3 SHOULD BE E DEPARTMENT DI PRIOR TO BU	A N	21a. EXTERNAL			. TIME OF			21c. H	OW INJURY	OCCURRE	D (ENTER	NATURE OF INJU	RY IN ITEM	18 PART 1 OR			
N	SHE STATE	AL	UNDERLYING	□ OR G □ CAUSE OF E		P.M.	MONTH	DAY YEAR										
ISIO	EPA ING ING ISH PRIC	MEDICAL	21d INJURY OC	CURRED	21	e PLACE O		(AT HOME,		CATION								
S S	THIS CERI WARDED PAGE 3 SI TATE DEP	₹	WHILE AT WORK	NOT WHILE	3	STREET, FACTO	DRY, FARM, E	TC.)	1	TREET			CITY OR TOW	N		COUNTY		STATE
	E, WR EWARI PAGE STATE		71, 110.111	AT WORK														
	A P S S E S		220. 1 certify	that I taak charg			ribed abo		Autap	sy 🔲 ,	Inspectio	n [_],	Inquiry		and in my	apınian		
	ME WEEK		death resulted	I fram: Natui	ral causes	W.	Accident	L, Su	icide	, Hami	cide	Undet	ermined mar	nner _				
	A V P C C C C C C C C C C C C C C C C C C		ACTUAL	MA	/	12	2				SPECIFY)				DAT	E		_
	A HE SEE HE		SIGNATURE_	AV	N	4)	0	1		D. Ass	istani	MED	ICAL EXAMI	NER	SIG	NED 6	-30-	83
	SON A SON	100	EXAMINER'S N	KME A		. 0	14 0		-	1	11 D-	64	Pol	+ ~	Ma	2120	1	
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITI PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BAILMORE, MARYLAND, 21201P		(TYPE OR PRIN'	r) Ann		)ixon,							., Bal	10.,	MIC.	4140	1	
	EUSE49	23a.B	URIAL, CREMATI	ON, REMOVAL	23b. DATE		23c. 1	NAME OF CE	METERY C	RCREMAT	ORY	23d. LC	OR TOWN		C	YTHUC	S	TATE
	BP	Bu	rial	J	fulv F	, 198	33Md.	Va Ce	mete	rv	lar -	Che	eltenh	au.	I	P.G.	Mc	1
	DHMH - 17	24 FI	NAME Tho	or rnton Fu	inera	1 APPRESSION	a E	omonke		4	250. DATE I	REC'D, BY	1983	Ya a	GISTRA	Call	ul	
	(VR A15 ME (5))					- 1.0/11	- E	CHOTIVE	Y, IV	u	JUL	U	1900		-0.	5.75		
	20M 4/B2																	



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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hived	Solins		Proston C. V
	2228 Virginit H.		

DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE KNOWNXX FIRST L DECEASED NAME 2b. HOUR (TYPE OR PRINT) ESTI-Paul Otis DEATH MATED 6/20/839 Wax 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 4 RACE 3 SEX DATE OF BIRTH 3:52 DATE LAST BIRTHDAY) PRONOUNCED Male Cau. July 11,1900 82YRS 6/20/8319 DEAD Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Virginia U.S.A. Charles WIDOWED DIVORCED County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Carpenter La Plata Gov Physcian Memorial 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13n STATE 1136 COUNTY 18. GIVE PAGES 1, 2, AND WITH FORM PM 3. RETA INT. PAGES 1 AND 2 SHOUL; DIVISION OFWITAL RECO 3 Poplar Maryland 20640 Charles Indian Head NO X Lane 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ALIDDI F LAST Emory Marv Bailev Шах Henry 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS 60. WAS DECEASED EVER IN U.S. 578-12-8313 Michael Wax same APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DUID BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W I DIRECTOR: A ROGE STANDID BEGBED AS A BURIAL TRANSIT PERMIT. 4, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 100 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO V 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 21f. LOCATION STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE WHILE AT WORK EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PYAFTER DEATH, WITH THE STYLANDRE, MARYLAND, 2 and in my opinion 22a I certify that which charge of the remains described above, beld an Autopsy Antural causes Homicide Undetermined manner death resulted 6/20/83 EXAMINER'S NAME Dennis F. Smyth Penn St., Balto. Md. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE Burial 6-22-83 Cemetery Park Hill Marbury Charles Md. BP 24. FUNERAL DIRECTOR **DHMH** - 17 Funeral Home, Waldorf, Maryland (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

test test test to the control of the etminely type , E. a. Trender de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la c A CLASS DESCRIPTION OF THE PARTY OF THE PART H-12-65 North Half Const of the Try, C - 126: 16. Punts Funeral Home, teldorf, wetwined Life E Line

BP. DHMH - 16 50M

	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 6 2 0						
	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.						
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	(11es	SOLON	MON Lydstone	WILLE	ETT	JUNE 3	30.1983 6:35
	3. SE	X M-l-	1 RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS N
	Male		Caucasian	Oct	. 20, 1909	73 YRS	
5		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8. MARRIE WIDOWI	NEVER MARRIED DIVORCED	P. BALTIMORE CITY OR COUNTY OF DEATH  CHARLES  1/20. USUAL OCCUPATION 1/20 USUAL OCCUPAT	
2		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	EET ADDRESS]			
-	USU.		OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)		Shop Foreman	D.C. Govt
2	M		rles Walder		13d. INSIDE CITY LIMITS?	Box 150, High	phway 228
4	14. FATHER'S NAME FIRST MIDDLE LAST				15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST		
	Samuel Lydstone Willett Mary  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMAL				Mary 17. INFORMANT	Anne	Winkler
П		(ES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES!				14 17
1		No			Lunice M.	Willett, Same	
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY:					APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		292 DIMMEDIATE CAUSE (D) CATCLAC CATLEST					
111		DUE TO, OR AS A CONSEQUENCE OF					144
		Conditions, if any, which gave rise to immediate (b) Responsablery tuling					
		couse (a), stating the DUETO, OR AS A CONSEQUENCE OF 1					
		underlying couse last. (c) Employshing.					
18 shows any injury, ar ather	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110					
	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHI	CHORERATIO	AND WAS DERECTIVED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
	FIC	176. DATE OF OPERATION	178. CONDITION FOR WHI	CHOPERATIO	N WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?	
	RT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Tal. How hilley occur	YES NOX	YES NO
		OR CONTRIBUTING CAUSE OF	LIQUID A 11 MONITO	DAY YEAR	ZIL HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
	CA	(IF EITHER NOTIFY MEDICAL EXAMI		19			
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
1		AT WORK NOT WHILE		MINES			
		220.1 certify that (1) (this haspital) attended the deceased from About 1982, to 6-30 1983, that (1) (ms) to saw the deceased alive an 29-1982, and that in (my) (ms) apinion death accurred on the date and hour and from the causes stated					
		sow the deceased alive obove, (1) (we) (did	nat   view the bady ofter death.	nd that in (my) (evr) apinian	death accurred on the date and h	nour and from the causes stated	
		226 SIGNATURE DEGREE					22c. DATE SIGNED
		Wo Nath M.D. ATTENDING PHYSICIAN				MEDICAL STAFF DIRECTOR PHYSICIAN	6-30-83
i.	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS						
	GIRLIA S. RATH. M.D. CHARLES PROFES					ESSTONAL BUILDY	NG WALDORF, MD
3	23o. l	BURIAL, CREMATION, REMOV		c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	
		SPECIFY) Burial			v Mem. Gdns	· Waldorfa	Chas . Md
	24. FI	JNERAL DIRECTOR				TE REC'D. BY BE BTRAD AND ABO	USIRAH SIS OF MANAGE
		Intt Funeral	Home, Waldor	e M-	rvland	TO 1909	
		mire conerst	HUMB. WAIDDE	1 . 118	INTRILL		

Male Cauchelon Cot. 20, 101911 75 Contraction Thus. Go. Hd. 54.8.4. Seeinl Lydetone Willett ... From Children 577-65-7439 Eunium-N. Willett, Same Re line 13 The result of the second of th Burtal 7-2-81 Trinity Nem. Gdns. Uslacely Ches. Hedge Ferry done, walcor, Heryland